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REPORT OF THE EXECUTIVE DIRECTOR FOR 1992

	Page
FOREWORD BY THE EXECUTIVE DIRECTOR	2
PROGRAMME AND FINANCIAL HIGHLIGHTS	3
I. POPULATION SITUATION IN 1992	7
II. UNFPA PROGRAMME IN 1992	9
A. Overview	9
B. Programme implementation	13
III. REVIEW OF THE UNFPA PROGRAMME BY SUBSTANTIVE AREA	
A. Family Planning	15
1. UNFPA programme activities	15
2. Global initiative on contraceptive requirements and logistics management needs	16
3. HIV/AIDS prevention activities	17
B. Information, education and communication	18
C. Data collection and analysis, population policy formulation, and research and training	20
IV. TOPICS OF SPECIAL INTEREST	
A. Policy and programme coordination	21
B. Procurement of equipment and supplies	24
C. International Conference on Population and Development	24
D. Promotion of awareness and exchange of information	25
E. UNFPA follow-up to UNCED	27

(continued in DP/1993/29(Part II))

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FOREWORD BY THE EXECUTIVE DIRECTOR

As we near the end of this century and the millennium, it is becoming more and more imperative that we strengthen ongoing efforts to resolve the population issue. This means responding to the needs of women and men to safeguard their reproductive health and to ensure their basic human right to decide freely and responsibly about childbearing. It also means addressing the problems of population growth, distribution and movement. Without the resolution of the population issue, all other concerns -- poverty alleviation, economic growth, empowerment of women, sustainable development, environmental degradation and resource conservation -- will become even more intractable. Fortunately, individual concern for and global awareness of the population issue and national commitment to help resolve it have never been as high as they are today. This has been amply evidenced in the various expert group meetings and regional conferences held in support of the preparatory process of the International Conference on Population and Development to be held in Cairo during 5-13 September 1994.

The year 1992 has been very eventful for population and development activities around the world. The General Assembly adopted a resounding resolution in 47/176 underscoring the importance of the population issue and drawing the attention of the international community -- national governments, international organizations, non-governmental institutions and the people at large -- to make relevant contributions towards the success of the 1994 Conference. Likewise, the holding of the United Nations Conference on Environment and Development (UNCED) and the call to hold the World Summit for Social Development, the World Conference on Women, and the Conference on Human Settlements, among others, have underlined the important role that population factors play in each of these areas. Indeed, the General Assembly has called for a closer coordination of the preparations of the population conference with those of the other conferences. Furthermore, the landmark General Assembly resolution 47/199 on the triennial policy review of operational activities and the ongoing debate on the restructuring and revitalization of the United Nations in the economic and social fields also have significant implications for operational activities in the population field.

Despite notable progress in improving reproductive health and in increasing the use of family planning, the annual increments to world population continue to rise and are at present around 93 million a year. Even worse, women and men continue to suffer needlessly because of limited access to family planning information and services. Fortunately, the population programming experience during the last twenty years or so has shown the way to mount and implement effective population programmes that both respond to unmet needs of individuals and allow countries to achieve a better balance between population, available resources and prospects for development. The know-how, political will and country cooperation all exist, but the question of inadequate resources remains a major constraint.

As we step into the year 1993, the urgency for enhanced levels of resources -- domestic and international -- devoted to population programmes is perhaps stronger than ever before. The Amsterdam Declaration calls for the doubling of resources for population activities during the 1990s from around $4.5 billion in the late 1980s to $9 billion by the year 2000. To meet the large unmet need and to enable women and men as well as nations to confront their future with a choice, rather than chance, we must take on this challenge.

The report that is presented in the following pages tries to capture the essence of population activities that the Fund has been supporting in developing countries. The achievements, constraints and disappointments inherent in these efforts should be assessed within the global context alluded to in the first section of the report and within the individual, unique national settings.

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UNFPA IN 1992:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

. Income in 1992 (provisional) totalled $238.2 million, compared to 1991 income of $224.0 million, an increase of 6.3 per cent compared to 1991.

. Pledges to UNFPA's general resources in 1992 totalled $233.8 million, $13.1 million more than 1991, a percentage increase of 5.9 per cent. At year's end, cumulative pledges through 1992 totalled $2.7 billion from a cumulative total of 161 donors.

. The number of donors in 1992 totalled 105. There were two first-time donors in 1992 (Gambia and Liechtenstein).

. The Fund's ongoing efforts to seek additional resources for population projects and programmes through multi-bilateral and other arrangements generated an additional $41.5 million during 1992 for projects with allocations totalling $45.8 million at year-end.

Allocations and expenditures

. Total (provisional) programmable resources for 1992 were $184.6 million, compared to $181.3 million for 1991.

. Project allocations in 1992 totalled $163.6 million, including $40.2 million of unspent allocations from 1991. Project allocations in 1991 totalled $212.0 million, including $42.0 million of unspent allocations from 1990. Project expenditures (provisional) for 1992 totalled $128.2 million compared to project expenditures in 1991 of $171.8 million.

. Expenditures (provisional) in 1992 totalled $193.6 million, compared to $229.2 million in 1991. The 1992 figure includes $103.1 million for country programmes, compared to $115.6 million in 1991; $25.1 million for intercountry (regional and interregional) programmes, compared to $56.3 million for 1991. Total administrative and programme support services (APSS) expenditures for both headquarters and field offices were $42.6 million in 1992 (net of $2.5 million overhead credits), compared to $42.3 million in 1991 (net of $3.4 million overhead credits). Field office costs were $18.8 million in 1992 compared to $18.7 million in 1991. Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $14.5 million (In 1991, technical support services were provided under intercountry projects and totalled $15.0 million). Administrative and operation services (AOS) costs, set by the Governing Council at 7.5 per cent of expenditures of country activities, were $8.3 million.

. The project expenditure rate (expenditures divided by allocations) was provisionally 78.4 per cent, compared to 81.0 per cent (final) in 1991. The resource utilization rate (expenditures divided by programmable resources, as approved by the Governing Council in decision 89/46 B) was provisionally 81.8 per cent in 1992 compared to 103.1 per cent in 1991.

. 429 new projects were approved in 1992, amounting to $43.5 million, compared to 350 new projects in 1991 amounting to $30.7 million.

. At year's end, UNFPA was assisting 1,499 projects: 1,192 country and 307 regional and intercountry projects (503 country and regional projects in Africa; 400 in Asia and the Pacific; 232 in Latin America and the Caribbean; 203 in the Arab States and Europe; and 161 interregional).

. For allocations in 1992 by major function, by geographical area, and by country category, see data on page 5 (part I).

Country activities

. 289 new country projects were approved in 1992, amounting to $24.9 million or 19.1 per cent of total allocations of $130.3 million to country projects, compared to 287 new country projects in 1991 amounting to $22.8 million or 19.7 per cent of total expenditures for country projects in 1991.

. Allocations to continuing country projects amounted to $105.4 million or 80.8 per cent of total allocations to country projects, compared to expenditures for continuing country projects amounting to $92.8 million in 1991 or 80.2 per cent of total expenditures for country projects.

. For allocations to country activities, by work plan category, and by priority and non-priority country and regional activities, see tables, page 6 (part I).

Priority countries

- In accordance with the criteria and thresholds approved by the Governing Council in decision 88/34 A, adopted at its thirty-fifth session in June 1988, effective 1 January 1992, 58 countries have been given priority status. By geographic area, these priority countries number: Africa, 32; Asia and the Pacific, 17; Latin America and the Caribbean, 5; and Arab States, 4. (For a list of priority countries see p. 6.)

- Of the total amount of resources allocated to country programmes and projects in 1992, 74.2 per cent was allocated to these priority countries, compared to 73.1 per cent of expenditures for the 55 countries with priority status in 1991.

- Total allocations in 1992 to priority countries amounted to $96.6 million, compared to $84.5 million in expenditures for priority countries in 1991.

Intercountry activities

- Allocations for intercountry activities (regional and interregional) totalled $33.2 million in 1992, compared to $56.3 million in expenditures in 1991. By category of activity, these allocations were: regional, $13.1 million in 1992, compared to $28.5 million in expenditures in 1991; interregional, $20.1 million in 1992, compared to $27.8 million in expenditures in 1991.

- Intercountry programmes accounted for 20.3 per cent of 1992 total allocations, compared to 32.8 per cent of expenditures in 1991. (See para. 5 of the UNFPA Work plan for 1994-1997 and request for programme expenditure authority (document DP/1993/30, p.6) for the reason for this difference.)

Execution of projects

- The number of projects directly executed by Governments in 1992 numbered 365, compared to 371 in 1991, and totalled $34.2 million or 20.9 per cent of total 1992 programme allocations, compared to $30.8 million or 17.9 per cent of programme expenditures in 1991.

- For allocations in 1992 by executing agency, see table, page 5 (part I).

Programme Review and Strategy Development missions

- In 1992, UNFPA undertook Programme Review and Strategy Development (PRSD) missions to 12 countries - 9 in Africa (Central African Republic, Equatorial Guinea, Ethiopia, Guinea-Bissau, Madagascar, Mali, Rwanda, Sao Tome and Principe and Uganda), 3 in Latin America and the Caribbean (Colombia, Guatemala and Nicaragua). Two Basic Needs Assessment mission were undertaken in 1992: Central Asia (Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan); and two to the Baltic States (Estonia, Latvia and Lithuania). These two BNA missions were funded under extra budgetary funding resources. Total missions (Programme Review and Strategy Development and Basic Needs Assessment missions) conducted since 1977 through 1992 are 184.

Administration and personnel

- In 1992, administrative and programme support services (APSS) expenditures (provisional), including both headquarters and field office costs, were $42.6 million (net of $2.5 million of overhead credits) or 17.9 per cent of the 1992 total estimated income of $238.2 million. Comparable administrative expenditures in 1991 were $42.3 million or 18.9 per cent of the 1991 income of $224.2 million.

- As of 1 January 1993, in accordance with Governing Council decisions 85/20 of June 1985, 86/35 of June 1986, 87/31 of June 1987, 88/36 of June 1988, 89/49 of June 1989, 90/36 of June 1990, and 91/36 of June 1991, the total number of authorized budget posts numbered 801, comprising 291 Professional (including 112 national programme officers) and 510 General Service staff. These include 107 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 182* Professional and 373 local General Service posts in the field.

- The percentage of women on UNFPA's Professional staff at headquarters and in the field rose from over 41 per cent in 1991 to over 43 per cent in 1992, one of the highest percentages among United Nations agencies and organizations. In 1993, the percentage is expected to continue to increase.

- UNFPA continued to maintain a close operational relationship with UNDP, which also provides the Fund on a reimbursable basis with some administrative support for financial and computer services, for personnel administration and travel services and for the processing of Governing Council documents. Following agreement between UNDP and UNFPA on the subvention arrangement, approved by the Governing Council at its thirty-fifth session (decision 88/36), UNFPA's reimbursement to UNDP for the services rendered was set in the budget at $3.9 million for the biennium 1992-1993. In 1992, UNFPA reimbursed UNDP the amount of $1.4 million.

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*Includes 112 national programme officers.

UNFPA PROGRAMME IN 1991 AND 1992: AT A GLANCE

(Data for 1991 are expenditures; data for 1992 are allocations[1])

UNFPA assistance by major function

	In thousand $US		Percentage of total programme	
	1991	1992	1991	1992
Family planning	75 192	80 703	43.7	49.3
Communication and education	29 285	27 161	17.0	16.6
Basic data collection	15 688	9 869	9.1	6.0
Population dynamics	20 178	14 722	11.7	9.0
Formulation and evaluation of population policies	15 844	14 774	9.2	9.0
Implementation of policies	148	41	0.1	0.1
Multisector activities	5 376	7 792	3.1	4.8
Special programmes	10 289	8 515	6.0	5.2
Total	172 000	163 577	100.0	100.0

UNFPA assistance by geographical region

	In thousand $US		Percentage of total programme	
	1991	1992	1991	1992
Africa	55 101	48 569	32.1	29.7
Arab States and Europe	14 859	16 146	8.6	9.9
Asia and the Pacific	57 002	60 715	33.2	37.1
Latin America and the Caribbean	17 256	18 050	10.0	11.0
Interregional and Global	27 782	20 097	16.1	12.2
Total	172 000	163 577	100.0	100.0

UNFPA assistance by country/intercountry category

	In thousand $US		Percentage of total programme	
	1991	1992	1991	1992
Country	115 651	130 343	67.2	79.7
Intercountry	56 349	33 234	32.8	20.3
Total	172 000	163 577	100.0	100.0

UNFPA assistance by country category, all regions

	In thousand $US		Percentage of total country programme	
Priority country[2]	84 513	96 658	73.1	74.2
Other country	31 138	33 685	26.9	25.8
Total	115 651	130 343	100.0	100.0

UNFPA assistance by executing agency

	In thousand $US		Percentage of total programme	
	1991	1992	1991	1992
Government-executed projects[3]	30 832	34 176	17.9	20.9
United Nations	24 792	15 682	14.4	9.6
Regional commissions	11 147	5 633	6.5	3.4
ILO	12 105	8 644	7.0	5.3
IBRD	92	142	0.1	0.1
FAO	7 835	3 127	4.6	1.9
UNESCO	11 076	8 984	6.4	5.5
UNEP	51	0	0.0	0.0
WHO	19 701	14 235	11.5	8.7
UNICEF	2 515	2 530	1.5	1.5
UNIDO	0	19	0.0	0.0
UNFPA[4]	29 830	42 515	17.3	26.0
UNRWA	18	257	0.0	0.2
Non-governmental organizations	19 953	26 519	11.6	16.2
UNDP (OPS)	2 053	1 114	1.2	0.7
Total	172 000	163 577	100.0	100.0

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[1] Expenditure data for 1991 are not available until after the due date for submission of this document to the Governing Council.

[2] If calculated in terms of percentage of expenditures, the provisional figure for priority countries for 1992 is 75.6 per cent.

[3] Includes UNFPA assistance to procurement for Governments' projects as follows: $13.4 million in 1991 and $21.8 million in 1992.

[4] See footnote 2.

UNFPA expenditures (1991) and allocations (1992), by region

By major sector	AFRICA (SUB-SAHARAN) (in US$ 000) 1991	1992	Percentage of total programme 1991	1992	ARAB STATES AND EUROPE (in US$ 000) 1991	1992	Percentage of total programme 1991	1992	ASIA AND THE PACIFIC (in US$ 000) 1991	1992	Percentage of total programme 1991	1992
Family planning	17 554	16 888	31.8	34.7	5 191	7 381	34.9	45.7	34 162	40 682	59.9	67.0
Communication and education	13 070	11 416	23.7	23.5	2 366	2 347	15.9	14.5	7 502	7 531	13.1	12.4
Basic data collection	8 032	3 964	14.5	8.2	1 288	1 740	8.7	10.8	3 401	1 963	6.0	3.3
Population dynamics	5 453	5 241	10.0	10.8	3 171	2 305	21.4	14.3	4 711	3 533	8.3	5.8
Formulation and evaluation of population policies	6 891	6 444	12.5	13.3	1 101	339	7.4	2.1	1 087	1 947	1.9	3.2
Implementation of policies	0	2	0.0	0.0	148	0	1.0	0.0	0	0	0.0	0.0
Multisector activities	2 474	2 313	4.5	4.8	705	1 130	4.7	7.0	1 087	1 761	1.9	2.9
Special programmes	1 627	2 301	3.0	4.7	889	904	6.0	5.6	5 054	3 298	8.9	5.4
TOTAL REGION	55 101	48 569	100.0	100.0	14 859	16 146	100.0	100.0	57 002	60 715	100.0	100.0
By country category												
Priority country	33 056	37 663	60.0	77.5	5 375	4 310	36.2	26.7	43 905	50 742	77.1	83.6
Other country	10 175	5 968	18.5	12.3	5 555	10 197	37.4	63.2	5 328	5 446	9.3	8.9
TOTAL COUNTRY	43 231	43 631			10 930	14 507			49 233	56 188		
Regional	11 870	4 938	21.5	10.2	3 929	1 639	26.4	10.2	7 769	4 527	13.6	7.5
TOTAL REGION	55 101	48 569	100.0	100.0	14 859	16 146	100.0	100.0	57 002	60 715	100.0	100.0

By major sector	LATIN AMERICA AND THE CARIBBEAN (in US$ 000) 1991	1992	Percentage of total programme 1991	1992	INTERREGIONAL AND GLOBAL (in US$ 000) 1991	1992	Percentage of total programme 1991	1992
Family planning	7 853	7 928	45.6	43.9	10 432	7 824	37.5	38.9
Communication and education	1 528	2 387	8.6	13.2	4 819	3 480	17.4	17.3
Basic data collection	1 719	1 979	10.0	11.0	1 248	223	4.5	1.1
Population dynamics	3 473	1 878	20.2	10.4	3 370	1 765	12.1	8.8
Formulation and evaluation of population policies	1 262	1 970	7.3	10.9	5 505	4 074	19.8	20.3
Implementation of policies	0	0	0.0	0.0	0	39	0.0	0.0
Multisector activities	780	1 181	4.6	6.6	330	1 408	1.2	7.0
Special programmes	641	727	3.7	4.0	2 078	1 284	7.5	6.4
TOTAL REGION	17 256	18 050	100.0	100.0	27 782	20 097	100.0	99.8
By country category								
Priority country	2 177	3 943	12.6	21.8				
Other country	10 080	12 074	58.4	66.9				
TOTAL COUNTRY	12 257	16 017						
Regional	4 999	2 033	29.0	11.3				
TOTAL REGION	17 256	18 050	100.0	100.0				

Priority Countries (as modified in 1992 in accordance with 88/34 A)

Africa:
Angola, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia and Zimbabwe.

Arab States and Europe
Egypt, Somalia, Sudan, Yemen.

Asia and the Pacific
Afghanistan, Bangladesh, Bhutan, China, Dem. Kampuchea, Korea DPR, India, Indonesia, Lao People's Democratic Republic, Maldives, Myanmar, Nepal, Pakistan, Philippines, Solomon Islands, Sri Lanka, Viet Nam.

Latin America and the Caribbean
Bolivia, Dominican Republic, Haiti, Honduras and Nicaragua.

I. POPULATION SITUATION 1992[1]

1. Each day in 1992 the world grew by some 254,000 people. Fewer than 13,000 of them were in developed countries. The other 241,000 or so were in the developing world. Roughly 60 per cent were in Asia; 20 per cent were in Africa; 10 per cent were in Latin America.[2] Most were born in rural areas. But many of them will join the millions of rural inhabitants who leave their villages each year and go to a town or city, where they will account for 60 per cent of the growth of the fastest growing populations in the developing world.

2. Those born in the developed world can expect to live, on average, to age 74. Girls will outlive boys by seven years. A typical female will marry in her early twenties and have her first child at age 23, in hospital and attended by trained staff. She will end her child-bearing seven years later at age 30, when she has her second and last child. She and her children will enjoy good health care, receive adequate schooling and be assured of adequate nutrition. Her child-bearing will likely result in a healthy, educated, and small family.

3. Those born in the developing world can expect a different life. Proportionately, five times as many will die in infancy as those born in developed countries. In absolute numbers, well over 90 times as many will die. Girls will outlive boys, on average, by about three years and live to age 64. A typical female will marry in her teens and have her first child at age 19 and her last at age 37, for a child-bearing span of 18 years. Slightly over half of the births will be attended by a trained person. The most disadvantaged females may have as many as 10 children, unless they die in childbirth before that. Many, especially those in least developed countries, will suffer from chronic anaemia caused by poor nutrition and from infectious, parasitic and other respiratory diseases. As a result, they will be sick more often, have smaller babies and die earlier. A lot more will go to school and learn to read than their parents did. But because of the combination of poverty and population growth, a fair number, particularly in sub-Saharan Africa, will not receive enough schooling to learn how to read or write. Their child-bearing will all too often result in large families that are unhealthy, poorly educated and living amid continuing poverty.

4. According to the World Health Organization, over 100 million acts of sexual intercourse took place each day during the year. Some 910,000 resulted in conceptions. Half were unplanned. A quarter were unwanted. Some 1,370 women died every day from causes related to pregnancy or childbirth, all but 11 of them in developing countries. Thousands more nearly died. Many themselves were children. Their offspring

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[1] The main sources for this section are: for population data, Population Division, United Nations Department of Economic and Social Development, World Population Prospects: The 1992 Revision, New York, 1992; for trends in child-bearing (age of mother at first birth, span of child-bearing years, reproductive outcomes, vulnerability of adolescent mothers), United Nations, The World's Women, 1970-1990: Trends and Statistics, New York, 1991; for women's reproductive health, WHO, Reproductive Health: A key to a brighter future, Geneva, 1992; for maternal mortality, WHO, Maternal Mortality Ratios and Rates: A Tabulation of Available Information, 3rd ed., Geneva, 1991; for contraceptive prevalence rates, John A. Ross, et al., Family Planning and Child Survival Programs as assessed in 1991, New York, The Population Council, 1992; for the effects of education on fertility rates and economic growth, UNFPA, State of World Population report, 1989 and 1991.

[2] These percentages are based on the population increments of the world for the period 1985-1990. See United Nations Secretariat, "Population Growth and Changes in the Demographic Structure: Trends and Diversity", p. 8, paper prepared for the Expert Group Meeting on Population Growth and Demographic Structure, Paris, 16-20 November 1992. The remaining 10 per cent of the increments occurred in Northern America, Europe, Oceania, and the former Soviet Union.

died at an even more alarming rate. Approximately 25,000 infants died each day, as did 14,000 children aged 1 to 4 years.[3]

5. Poor adolescent girls were among the most vulnerable mothers and the most likely to have unhealthy and unwanted pregnancies. Mothers aged 15-19 years were two to three times as likely to die in childbirth as mothers in their early twenties. Those under age 15 were five times as likely. Moreover, their babies were more than twice as likely to die in their first year of life. Unfortunately, most adolescent mothers had little or no education and rarely knew of or had access to family planning. Women over 35 were just about as vulnerable, especially if they had had many previous pregnancies and if those pregnancies had not been properly spaced.

6. Much of this could have been avoided had family planning and maternal health care been broadly available. Indeed, just one ante-natal examination could have identified three-quarters of the women at risk. Unwanted pregnancy exposes women to unnecessary health risks and is less likely to result in a healthy infant and child. Family planning thus not only prevents unwanted births, it saves lives. It is also universally recognized as a basic human right. In 1992, unmet demand for contraception ranged from 24 per cent in sub-Saharan Africa to 13 per cent in Asia and North America. Worldwide, some 300 million couples wanted to use family planning services but did not have access to them. Countless other couples did not even know such services existed or had only partial or incorrect information about them. Perhaps worse, in many parts of the world, because of social, cultural and legal barriers and because of women's generally low status in society, even when such services were available, women often were not able to use them.

7. Contraceptive use varies widely from region to region as well as from country to country within regions. In developing countries, according to a 1991 Population Council assessment funded by UNFPA, 51 per cent of married women of reproductive age were using some form of contraception. The breakdown by region was as follows: 70 per cent in East Asia; 60 per cent in Latin America; 40 per cent in South and Southeast Asia; 36 per cent in North Africa and the Middle East; and 9 per cent in sub-Saharan Africa.[4] According to another recent study, the range of contraceptive use from country to country within each region was striking: from 2 per cent to 75 per cent in sub-Saharan Africa; 7 per cent to 70 per cent in Latin America and the Caribbean; and 1 per cent to 74 per cent in Asia and northern Africa.[5]

8. Maternal mortality is one of the leading causes of death among women of reproductive age in developing countries. The ratio is highest in Western, Central and Eastern Africa, where it reaches as high as 1,000 per 100,000 live births in several rural areas and averages between 680 and 760.[6] Maternal mortality is also high in certain parts of Southern Asia and Oceania. The disparity between the developing and the developed world is staggering. The ratio in the former is 420 maternal deaths per 100,000 live births; the ratio in the latter is 26 per 100,000.[7]

9. High fertility levels heighten the risk of dying during pregnancy and child birth. Lifetime risk is greatest in Western, Central and Eastern Africa. Total fertility rates in these areas are well over 6 children

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[3] WHO, Reproductive Health, p. 5.

[4] Ross, Family Planning and Child Survival Programs, p. 1.

[5] The World's Women, p. 61.

[6] WHO, Maternal Mortality Ratios and Rates, pp. 3-7.

[7] Ibid., tables 1 and 2, pp. 5 and 7. The estimates are for 1988.

per woman, although it is not uncommon for women to have as many as 8 live births and 10 or more pregnancies. The lifetime risk of dying from pregnancy-related causes in such areas is greater than 1 in 20. Lifetime risk is lowest, by region, in Northern America, where the total fertility rate is less than two. A woman's lifetime risk there is roughly 1 in 4,000.[8] In many developed countries the risk is 1 in 6,000 to 9,000. Depending on the country, the risk of death due to pregnancy is 80 to 600 times greater in the developing world than in the developed world.[9] Such risk -- and the inadequacy of women's reproductive health in general -- is tragically magnified in countries ravaged by war, civil or political unrest, or natural disasters. Even worse, it is overlooked amid the turmoil and violence, and all but forgotten in the resulting disarray and dislocation.

10. Poor schooling, illiteracy and poverty, especially among females, contribute to the poor reproductive health of women and to high fertility rates and thus further compound the lifetime risk of maternal and infant mortality. Pregnant women and children suffer first and most under poor socio-economic conditions. Education, especially for women, is associated with greater economic opportunity and lower fertility. Recent studies suggest that each additional year of schooling at the secondary level is associated with an increase in a woman's wages by 10-20 per cent and a reduction in fertility by 5-10 per cent. Education is thus an important link, along with family planning and reproductive health care, between expanded economic growth and slower population growth. The families of educated women are likely to be healthier and smaller than those of uneducated women. Indeed, the more education a mother has, the more likely her children will survive between one and five years old. Educated women tend to be older when they get married and are more likely to be employed and live in a city than uneducated women. They are also more likely to plan the size of their families, get ante-natal care and be attended by a trained person during childbirth.

11. For all these reasons, during 1992, as in the past, UNFPA continued to play a strong advocacy role on behalf of activities to improve the status of women.

II. UNFPA PROGRAMME IN 1992

A. Overview

12. The 1989 UNFPA State of World Population report indicated the thrust and direction of the Fund's programme in the 1990s. Entitled "Investing in Women: The Focus of the Nineties", it looked at women as agents of change. It examined their productive and reproductive roles and demonstrated that the two were inextricably linked. It argued that women were at the heart of development and central to change. Investing in women, therefore, meant widening their choices and reducing their dependence on children for status and support. It also meant making women a development priority.

13. The report identified family planning as one of the most important investments a society could make. For women, it represented the freedom from which all other freedoms flowed. It gave them the power to choose. Two years later, the 1991 State of World Population report focused on family planning as the difference between choice and chance. It stressed that strong family planning programmes had an effect at any stage of a country's development. Whatever their income or education, couples were more likely to choose to have small families when they had adequate and appropriate family planning information and services. The key to the success of family planning programmes was to ensure that women and men had easy access to a wide range of contraceptive methods and the information and education to decide whether to use them.

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[8] Ibid., p. 4.

[9] The World's Women, p. 57.

14. It is in this context that the UNFPA programme in 1992 should be seen. The Fund vigorously promoted the concept of family planning as a basic human right, based on the principle of informed and voluntary choice. It emphasized the importance of providing quality family planning services to both men and women as a means to help them plan the size of their families and to safeguard women's reproductive health. It also stressed the importance of meeting individual needs and unmet demand as one of the most effective ways of attaining national demographic goals. UNFPA helped Governments provide such services through comprehensive programmes integrating family planning into maternal and child health care and into reproductive health programmes. It also sought to integrate family planning services into public, private and NGO service delivery networks in all sectors.

15. Such programmes typically sought, inter alia, to provide a wide choice of safe and effective contraceptive methods; provide information and counselling to help users select and practise contraception effectively; make clinical and referral services available for methods that require them; and train service providers in family planning techniques and counselling and in responsible sexual behaviour and responsible parenthood. Helping countries procure and distribute contraceptive supplies were among UNFPA's main activities during the year. Such efforts were greatly enhanced by the UNFPA global initiative on contraceptive requirements and logistics management needs in developing countries, which benefitted greatly from international and national cooperation and progressed rapidly in 1992 (see the sections on family planning and procurement below).

16. The Fund also stepped up efforts to strengthen community participation in programmes, providing support to train local staff in how to motivate people to use contraceptives and to involve the community in the distribution of contraceptives. UNFPA further sought to draw attention to the urgent family planning and reproductive health needs of women caught in catastrophic situations and to generate support for activities to address those needs. As with all its activities, the Fund sought to build upon and further expand collaboration and coordination among its United Nations partners, NGOs, and the private sector.

17. During the year, UNFPA supported numerous activities to strengthen and expand family planning services, especially in rural and remote areas (see part II of this report for a review of the UNFPA programme by geographic region). For example, in sub-Saharan Africa, where the total fertility rate (TFR) is estimated at 6 births per woman, 29 of 41 countries reported significant progress in expanding their family planning service networks. Two thirds indicated an increase in the use of such services. Evaluations of individual country activities in Africa, however, showed mixed results. The percentage of government health facilities offering family planning ranged from a low of 1 per cent in one country to a high of 100 per cent in three others. Moreover, in some countries, services were provided only sporadically; in others, they were not promoted as openly and enthusiastically as other health-related services. (See part III of this report for a status report on the strategy for UNFPA assistance to sub-Saharan Africa.) In the Arab States, where the TFR is 5.2, contraceptive use continued to increase markedly. Eight countries had contraceptive prevalence rates of 32 per cent or higher. Three of the eight had rates of 50 per cent or higher. Still, fertility and contraceptive rates differed markedly between rural and urban populations. As a result, improving people's access to family planning services, particularly in rural areas, remained a primary objective of population programmes in most Arab countries.

18. In Asia and the Pacific, where the TFR is 3.1, UNFPA emphasized Safe Motherhood in the new generation of activities in a number of countries and provided contraceptive supplies to numerous others. The Fund also supported a wide range of activities to further integrate family planning into primary health care networks, improve the quality of existing services and extend integrated MCH/FP services to poor and remote areas. Despite considerable success in these areas, however, fertility remained high in South Asia, with rates averaging some 4.7 children per woman. UNFPA responded to the special needs of this subregion by supporting activities to improve access to and strengthen the management of quality family planning services.

The Fund also played a strong advocacy role in promoting the status of women and in urging Governments and other organizations active in the region to do so as well.

19. In Latin America and the Caribbean, where the TFR is slightly higher than 3, the Fund devised a strategy to improve women's reproductive health, especially of poor women and adolescents, with a major emphasis on reducing abortion and adolescent pregnancy and increasing contraceptive prevalence. UNFPA, accordingly, helped countries throughout the region to develop activities to improve the quality of reproductive health care, provide effective counselling, enhance the delivery of family planning services and expand the mix of available family planning methods. UNFPA also supported various activities to extend family planning services in rural and marginal urban areas and to establish such services in referral hospitals. In the European region, UNFPA assistance continued to focus on efforts to reduce the high incidence of abortion and the relatively high rates of infant and maternal mortality. The Fund therefore stepped up efforts in several countries to provide modern contraceptives and to train medical staff in their use.

20. The UNFPA interregional programme was instrumental in supporting such efforts at the country level in all regions. The programme's MCH/FP activities continued to focus on contraceptive research, whose primary aims were to widen the range and enhance the effectiveness of safe contraceptives and to devise and/or update technical, managerial and service guidelines on contraceptive technologies.

21. Women at risk during pregnancy, adolescents and men were important targets for UNFPA assistance during the year. The Fund particularly stepped up its efforts to improve the reproductive health of adolescents, both married and unmarried. The draft UNFPA Plan of Action for Gender, Population and Development in sub-Saharan Africa emphasizes the need to focus on the reproductive health of women most at risk, make MCH/FP services available in local communities and in women's workplaces, and develop new strategies to involve men in family planning activities and promote the male role in responsible parenting. It also encourages adolescents to postpone marriage and delay the birth of their first child until they reach physical and emotional maturity.

22. The recently adopted strategy for UNFPA assistance in Latin America and the Caribbean concentrates on reproductive health activities aimed at women, men and especially adolescents. Among its aims are to help avoid unwanted and high-risk pregnancies, reduce maternal mortality, reduce the incidence of AIDS and other sexually transmitted diseases (STDs) and diminish the incidence of abortion. The Fund also provided assistance to train health promoters and medical personnel in a number of countries in providing family planning information and services to adolescents.

23. These efforts received strong support from closely associated information, education and communication (IEC) activities during the year. Such activities were instrumental in generating political and public support for population activities as an integral component of sustainable development, creating favourable attitudes towards and increasing the acceptance of family planning services, and addressing key concerns of target groups. Key activities included, among others, helping countries to develop comprehensive national IEC strategies; sensitizing decision makers and religious and community leaders about family planning both as a basic human right and as a health measure; integrating information and education components into MCH/FP and reproductive health programmes; incorporating population and family life education into school curricula and into out-of-school programmes; and conducting research to help in the design of appropriate messages to reach target groups. Peer education and youth-to-youth counselling on adolescent reproductive health proved to be particularly innovative and successful approaches in a number countries.

24. In support of such activities in anglophone Africa, UNFPA helped organize two pilot courses as part of a regional training programme: one focused on IEC strategy development and programme management; the other on audience research and message design. This was part of a larger UNFPA effort to design effective training strategies to build up the technical skills of IEC staffs of anglophone and francophone Africa.

The Fund also helped to incorporate family planning messages into a number of innovative IEC approaches including "radio soap operas" and folk dramas. Youth-to-youth IEC activities in several Arab countries helped educate young people about family planning and responsible parenthood and reach married adolescent girls about the effects of early childbearing.

25. IEC activities in Asia and the Pacific focused primarily on providing support for MCH/FP services. The Fund also addressed the special needs of adolescents through population education courses in primary and secondary schools as well as through information and education activities aimed at out-of-school youth. UNFPA supported numerous IEC activities in Latin America and the Caribbean to help prevent adolescent pregnancy. They ranged from providing training in sex education to future public school teachers, to including counselling on birth spacing and breast-feeding as part of the information activities of community health agents, to producing educational videos radio programmes and information bulletins, among many others. In addition, the new UNFPA strategy for the region stressed the importance of developing and implementing comprehensive IEC strategies in each country.

26. UNFPA continued to help developing countries to generate population data and to improve national capacity to collect, analyse and disseminate population information. In sub-Saharan Africa, during 1990-1992, some 24 countries undertook censuses, 17 improved civil registration, 20 conducted demographic and health surveys, 22 carried out fertility and contraceptive use studies and 11 conducted migration studies. Moreover, the Fund designed a special research programme to assist countries in sub-Saharan Africa in carrying out socio-cultural research and collecting and analysing relevant data on fertility, mortality and MCH/FP. A major activity in the Arab States region during the year was the analysis of the wealth of data that had been collected during the first phases of the two jointly funded surveys in the region -- the Pan-Arab Project for Child Development (PAPCHILD) and the Gulf Health Survey. The information gained was used to help develop and improve MCH/FP policies and programmes throughout the region.

27. UNFPA assistance helped many countries in Asia and the Pacific to become self-reliant or technically competent in the area of data collection and analysis. During the year, UNFPA provided technical assistance for census activities in a group of Pacific countries and supported efforts in a number of other countries to analyse census data and disseminate the results and to improve research skills of national staff through training and the upgrading of appropriate technology. The Fund also helped to develop a project to test new technologies to speed up census data-processing and analysis. UNFPA provided assistance to conduct censuses and census-related activities in numerous countries in Latin America and the Caribbean and supported efforts to analyse and evaluate census data and to disseminate the results.

28. Women, population and development activities figured prominently in the UNFPA programme during the year. For example, as part of its ongoing efforts to improve the role and status of African women, the Fund provided support for some 40 integrated women, population and development projects in 28 countries. The projects generally addressed women's reproductive and productive needs. UNFPA also supported national women's organizations in 29 of 31 countries in which such organizations were active in population activities and provided support to help strengthen government women's bureaus in 28 countries. In the Arab States region, UNFPA worked closely with the Arab Gulf Programme for the United Nations Development Organizations (AGFUND), UNDP and the International Planned Parenthood Federation (IPPF) to complete preparations to establish the Arab Women's Centre for Training and Research. The regional centre, which is expected to open in mid-1993 in Tunis, will train Arab women in a wide range of population-related activities, including data collection and analysis and research, and provide a regional forum for the exchange of information and ideas.

29. In Asia and the Pacific, UNFPA continued to emphasize activities designed to improve the status of women, often through support to education programmes for women and girls, and to facilitate their participation in social and economic development. The Fund also helped a number of countries to establish

income-generating activities for women, especially in poor and remote rural areas, and to provide training in micro-enterprise management and family welfare. In Latin America and the Caribbean, the Fund promoted the consideration of gender issues in all areas of its collaboration. It therefore strove to improve the qualify of socio-demographic data on women and supported awareness-creation activities in the formulation, implementation and evaluation of programmes and projects.

30. Such activities received strong support from the UNFPA implementation strategy to strengthen the capacity of the Fund to deal with issues concerning women, population and development (see part III of this report for a status report on the strategy). In line with the strategy, during the past two years, the Fund reviewed and updated its sectoral policy guidelines and checklists as well as its guidelines for project formulation and appraisal in order to make them more gender-sensitive. UNFPA also thoroughly reviewed its guidelines for Programme Review and Strategy Development (PRSD) exercises. As a result, women's concerns are now well reflected in the guidelines for MCH/FP and IEC, as well as throughout the revised PRSD guidelines. Two training workshops focusing on women, population and development helped UNFPA headquarters staff to sharpen their skills in incorporating gender into each of UNFPA's programme areas. Similar training was also provided to field staff and to team leaders of the UNFPA country support teams.

31. In 1992, the Fund analysed the information provided on the UNFPA "Gender Reporting Forms" that had been designed the previous year to ensure that women would be involved in every phase of project development and implementation. The forms, which elicit information on women as participants and beneficiaries of UNFPA activities, must accompany all project submissions, including those approved in the field. The review indicated that the forms provided important information on the gender dimension in UNFPA projects, but needed to be further standardized and recorded in an easy-to-access database. To improve the technical dimension of women, population and development activities, the Fund issued a number of publications and reports, including Women and Micro-enterprise Development; Women, Population and the Environment; South Asian Women; and the practical training guide, Incorporating Women into Population and Development: Knowing Why and Knowing How.

B. Programme implementation

32. During the year, UNFPA further strengthened and refined its programme implementation, focusing on strategic programming and its requisite technical assistance, national execution, decentralization, evaluation, coordination, and procurement (see section IV below on the last two of these). Key to the success of strategic programming is the PRSD exercise, organized by UNFPA in cooperation with the Government to develop a coherent framework for a national population programme and help generate a consensus in support of it. The exercise, which normally lasts for two years and culminates in a four-to-six-week PRSD mission to the country, analyses a country's current population status and needs, assesses past population activities, and makes recommendations for action in terms of an overall national strategy.

33. During 1992, UNFPA organized 12 PRSD missions: 9 in sub-Saharan Africa (Central African Republic, Equatorial Guinea, Ethiopia, Guinea-Bissau, Madagascar, Mali, Rwanda, Sao Tome and Principe, and Uganda); and 3 in Latin America and the Caribbean (Colombia, Guatemala and Nicaragua). The Fund used the recommendations of these missions to help develop comprehensive country programmes for all 9 countries in sub-Saharan Africa and for Colombia and Guatemala.

34. The published report on the PRSD exercise plays an important role in strategic programming, serving as a reference point from which to develop a comprehensive population programme, and to formulate, implement and coordinate its activities. During 1992, UNFPA published 13 PRSD reports, bringing to 25 the total number of reports published by the Fund. UNFPA also finalized the Guidelines for Programme Review and Strategy Development, following consultations with UNFPA staff and team leaders involved in PRSD

exercises. The Fund distributed the guidelines to the United Nations, including its regional commissions, selected NGOs and major and multi-bilateral donors.

35. During the year, UNFPA stepped up efforts to strengthen national execution of UNFPA-funded activities. For example, the Fund organized two regional workshops to train national staff in UNFPA finance and accounting policies and procedures -- one in Manila, the Philippines, the other in Kingston, Jamaica. The workshops were similar to those conducted in Dakar, Senegal, in 1989, in Nairobi, Kenya, in 1990 and in Turin, Italy in 1991. The Fund also provided support to train staff of some national NGOs in these same areas. In 1992, Governments and national NGOs executed country-level activities totalling some $28.2 million in UNFPA regular resources, a slight increase in percentage terms over the previous year (27.4 per cent compared to 26.3 per cent).

36. In conjunction with efforts to expand and strengthen national execution, UNFPA further strengthened decentralized approval authority. The aim was threefold: to enable UNFPA Representatives and Country Directors to respond more quickly to emerging needs; to improve the quality and coverage of programmes and projects; and to speed up programme delivery. The Fund prepared revised guidelines on decentralization allowing for far greater approval authority at the field level. The guidelines will go into effect in early 1993. UNFPA also sought to enhance the managerial capacity of field offices through training, staff transfers and staff recruitment.

37. High-quality technical assistance is an integral component of strategic programming and essential to the success of national execution and decentralization. It is also at the core of the Fund's successor support-cost arrangements, which seek, among other things, to provide timely and effective support for population programmes and policies in developing countries, bring technical services and advice close to field-level activities and help Governments assume the management of UNFPA-funded programmes and projects. (See document DP/1993/32 for a progress report on UNFPA successor support-cost arrangements.) The new arrangements are in consonance with General Assembly resolution 47/199, which stresses the need for the United Nations development system, inter alia, to improve its effectiveness and efficiency in delivering assistance (para. 5), to strengthen its capacity to provide policy and technical assistance and advice (para. 17) and to give increased priority to assisting recipient countries in building and/or enhancing the necessary capacity to undertake national execution (para. 18). (See part III of this report for a report on the Fund's implementation of resolution 47/199.)

38. The principal UNFPA mechanism for providing technical support services (TSS) is the country support team (CST). During 1992, six of the eight CSTs became operational -- two of three in Africa (the third became operational in January 1993); two of three in Asia (the third is expected to become operational in April 1993); one in the Arab States and one in Latin America and the Caribbean. The teams conducted technical backstopping missions to a total of 23 countries, and one team participated in a PRSD exercise. Five teams participated in tripartite project reviews. Several teams published newsletters to report on their activities, and one team began to prepare a roster of national and international experts.

39. Team building proceeded rapidly. Team leaders in Dakar and Harare organized seminars for team members, with each member making a presentation on his or her specialization. The team in Santiago met weekly to discuss requests for technical assistance and to coordinate work plans and relations with agencies. Teams in Asia reported developing genuine team dynamism in reviewing country project proposals within the context of the programme approach. Several UNFPA Country Directors noted that teams had been prompt in responding to requests for technical assistance and had provided high quality assistance.

40. The implementation of the arrangements did encounter some difficulties, however. The process of recruiting advisers has been painstakingly slow, marked by extensive consultations with partner agencies on all actual or proposed appointments, and has been prolonged by delays in advertising vacant posts and in

attracting qualified candidates, some of whom have been discouraged by the lack of tenure and the level of the posts. There was also some uncertainty on part of agencies, Country Directors and Governments concerning certain financial, administrative and technical matters of the new arrangements. The whole TSS arrangement was further slowed because of financial constraints, as the Fund had to reduce the 1992 TSS budget from $20.1 million to $15.7 million.

41. Evaluation remained a regular and integral part of UNFPA's programming process. A random review of project evaluation reports found that built-in evaluation components had, on average, been of good quality. Common shortcomings identified in the reports included inadequate project design, delays in work plan implementation, and lack of base-line information.

42. UNFPA conducted two major thematic evaluations during the year. The first examined efforts to implement IEC strategies in support of family planning service delivery. Evaluation teams visited project sites in the Comoros, India, the Philippines, Rwanda and Zambia to study the effectiveness of various modalities for providing communication support for family planning programmes. A comparative analysis of the findings of these case studies and of selected project evaluation reports will be completed in early 1993.

43. The second thematic evaluation focused on UNFPA-supported income-generating activities for women. The evaluation examined different approaches to such activities in order to find out how effective each had been in empowering women and in changing their reproductive goals and behaviour. Evaluation teams visited project sites in Egypt, Ghana, India, Kenya, Paraguay and the Philippines. A comprehensive evaluation report based on a comparative analysis of these country case studies will be completed in the first trimester of 1993. Both thematic evaluations will be reported on in-depth in the Fund's periodic report on evaluation, which will be submitted to the Council at its forty-first session.

III. REVIEW OF THE UNFPA PROGRAMME BY SUBSTANTIVE AREA

A. Family planning

1. UNFPA programme activities

44. In order to provide clearer guidance in the area of MCH/FP, the Fund revised its policy guidelines on support for family planning programmes. The revised guidelines give greater emphasis to Safe Motherhood and reproductive health and the important contribution that family planning can make in both these areas. They also give more emphasis to integrating family planning with maternal and child health in the context of primary health care. The guidelines continue to stress the essential role that women play as managers, advocates, providers and users of family planning services and emphasize choice and voluntarism as essential prerequisites for all family planning activities.

45. The Fund circulated the 1992/93 edition of the Directory of Training Courses in Family Planning and Maternal and Child Health. The Directory gives updated information on short-term training courses throughout the world under four major headings: clinical training; management training; IEC training; and training of trainers.

46. The Fund continued to support training programmes designed to develop service providers' skills in MCH/FP, cooperating with Laval University, the University of Montreal, the Tunis Centre of International Family Planning Training and the Mauritius Institute of Health in these efforts. UNFPA also collaborated with the Universite Libre de Bruxelles to produce a family planning manual in French. The manual, which will be used in the training programmes of these training centres, covers both clinical techniques and programme management.

47. UNFPA helped plan and organize the Expert Group Meeting on Family Planning, Health and Family Well-being, which was held in Bangalore, India, in October as part of the preparations for the 1994 International Conference on Population and Development (ICPD). It also contributed a paper on future contraceptive requirements and logistics management needs. The 60 participants at the meeting adopted a set of 35 recommendations, which will be forwarded to the ICPD Preparatory Committees scheduled for 1993 and 1994. The recommendations address such issues as the social setting of family planning programmes, family planning and health, women's status and family planning, adolescent reproductive health, quality of services, public education and information, the role of NGOs and the private sector, contraceptive requirements, resource mobilization, and research and evaluation.

48. In October, UNFPA held a brainstorming session with representatives from several agencies and organizations working in the population area to discuss ways to recover the costs of family services in order to sustain family planning programmes. The purpose of the session was to prepare the way for a formal consultation on this subject planned for 1993. The formal consultation, which will review experiences and issues related to cost recovery of primary health care and family planning services, will provide guidance to developing countries initiating such cost-recovery schemes as part of their family planning programmes.

49. UNFPA participated in numerous activities aimed at strengthening coordination among United Nations agencies and organizations as well as between such agencies and organizations and NGOs. The Fund contributed to the joint UNFPA/UNICEF/WHO brochure on traditional birth attendants; co-sponsored, along with UNICEF, WHO and UNESCO, the revision of the UNICEF pamphlet "Facts for Life"; participated in the meeting on the Safe Motherhood Initiative at World Bank headquarters and organized a session at that meeting on adolescent fertility; and participated in the Management Committee meetings of the WHO/HRP, its Standing Committee and various of its task forces. UNFPA also participated in the International Medical Advisory Panel of IPPF, the WHO/Federation of International Gynaecologists and Obstetricians Task Force, and the Commonwealth Medical Association Symposium and Training Workshop on Reproductive Health.

50. UNFPA again collaborated closely with the Administrative Committee on Co-ordination Sub-Committee on Nutrition (ACC/SCN) and helped with the preparations for the International Conference on Nutrition, which was held in Rome in December.

51. UNFPA circulated various important technical notes and publications to field offices during the year, including, among others, a technical note summarizing scientific data on Norplant subdermal contraceptive implants; information on new developments in IUDs; a publication on managing the quality of care in population programmes; a note on the importance of family planning for child health; a publication on family planning and child survival programmes as assessed in 1991; a publication on management strategies for family planning programmes; and the UNDP projection of maternal mortality and morbidity.

2. Global initiative on contraceptive requirements and logistics management needs

52. The UNFPA global initiative on contraceptive requirements and logistics management needs in developing countries progressed rapidly during the year. With financial assistance from the Swedish International Development Authority (SIDA), The Rockefeller Foundation and the World Bank, UNFPA set up a three-person unit at the Fund to oversee the implementation of the global initiative. The unit helped organize in-depth country studies of contraceptive requirements and logistics management needs in four countries -- India, Nepal, Pakistan and Zimbabwe -- each of which was carried out by a team of experts who visited the countries as part of a mission fielded by UNFPA. The missions were undertaken in close collaboration with the Governments concerned and in consultation with interested organizations, including IPPF, the United States Agency for International Development (USAID), the British Overseas Development Administration (ODA), the World Bank, The Population Council and The Rockefeller Foundation.

53. Where possible, specialists from the various collaborating agencies and organizations helped organize, and participated in, the missions. For example, IPPF, The Population Council and USAID were involved in the mission to Pakistan from 10 February to 6 March; USAID, the WHO Global Programme on AIDS (GPA) and the Programme for Applied Technology and Health (PATH) participated in the missions to Zimbabwe (8 July to 5 August) and to India (7 September to 5 October); and ODA and USAID collaborated in the mission to Nepal, from 16 November to 16 December.

54. The final report on the findings and conclusions of the mission provides detailed cost estimates of the contraceptive requirements, including those for condoms for HIV prevention, for each country for the next 10 years and includes an analysis of short-term procurement and operational needs. It also summarizes the mission's assessment of the country's logistics management system and the conclusions of its investigations into the local production of contraceptives and the participation of NGOs and the private sector in the country's family planning programme.

55. UNFPA published the outcomes of the studies on Pakistan and Zimbabwe as part of its periodic publication series that covers important developments and discussions in the population field. The Fund also completed drafts of the reports for India and Nepal. The report on Pakistan proved instrumental in identifying that country's urgent need for IUDs, which UNFPA was able to meet by providing 650,000 units. In addition, the Government of Pakistan drew on the findings and recommendations of the study to support its requests for external assistance at a donors meeting held in Islamabad in November.

56. Under the global initiative, which will further develop and refine a methodology for future such studies, UNFPA prepared a procurement guide for government procurement departments. The guide sets out procurement options (direct, single-source procurement; procurement through an intermediate agency; and direct competitive procurement) and describes the procedures and structure needed for each. It also discusses the advantages and disadvantages of each option. The guide will be published in early 1993.

57. As part of its efforts to chart donor support for contraceptive commodities throughout the world, UNFPA noted a number of significant donor actions during 1992. For example, ODA provided US$ 1.2 million for injectables and oral contraceptives in Ghana; SIDA funded the procurement of 2 million IUDs for India and procured, through UNFPA, approximately US$ 1.6 million in contraceptives for Angola, Nicaragua, Sri Lanka, Uganda, Viet Nam, Zambia and Zimbabwe; Austria provided over US$ 422,000 for injectables for Rwanda; the World Bank provided 2 million doses of injectables and 15 million cycles of oral contraceptives for Bangladesh; and the Finnish International Development Agency (FINNIDA) signed an agreement to allocate 10 million Finnish marks (approximately US$ 2.4 million) over three years for supplies of Norplant for Nepal. The German Government provided some US$ 233,000 in emergency contraceptive supplies to the Central Asian Republics of Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan.

3. HIV/AIDS prevention activities

58. During 1992, UNFPA supported HIV/AIDS prevention activities in 70 countries, a marked increase over the previous year (41 countries). In keeping with its mandate, UNFPA focused on: (a) incorporating AIDS-related components in population, family life and family planning education and communication programmes; (b) providing information/counselling on AIDS prevention, and distributing condoms as part of MCH/FP service programmes; (c) including AIDS education and information components in all pertinent training programmes, particularly those for MCH/FP service providers; and (4) conducting socio-demographic, operational and biomedical research.

59. Reports from field offices indicate that a number of countries broadened the scope of activities to include knowledge, attitude, practice (KAP) studies and socio-demographic research of HIV/AIDS (Honduras, India, and Kenya), while others increased emphasis on addressing the needs of women and adolescents with

regard to AIDS prevention and control (Congo, Gabon, Jamaica, Uganda, United Republic of Tanzania, Uruguay, and Zimbabwe).

60. In order to help enhance coordination of activities to prevent the spread of HIV/AIDS, UNFPA participated in the Management Committee of the WHO Global Programme on AIDS, the Inter-Agency Advisory Group on AIDS and inter-agency discussions to set up mechanisms to improve the coordination of AIDS prevention activities at both the country and interregional levels. UNFPA also worked closely with WHO/GPA in preparing estimates of condom requirements for HIV/AIDS prevention, as part of the country studies conducted within the framework of the Fund's global initiative.

61. In addition, with the assistance of UNFPA field offices, the Fund prepared and distributed its AIDS Update 1991. The Update gives detailed information on UNFPA support for AIDS prevention activities in four main areas: supply of condoms; AIDS training for MCH/FP service providers; AIDS education in both in- and out-of-school population education programmes; and AIDS education in general IEC programmes. A similar update for 1992 is currently being prepared. The Fund also regularly circulated information and materials on AIDS to all field offices.

B. Information, education and communication

62. UNFPA worked closely with national authorities to develop comprehensive national IEC strategies in numerous countries, including Burundi, Egypt, Ghana, the Philippines, Rwanda and Viet Nam. The Fund also helped UNESCO organize a regional IEC experts group meeting in Bangkok to review the state-of-the-art in population IEC strategies in the Asia and Pacific region. Experts and programme administrators from 15 Asian countries identified emerging needs in the region in the area of population IEC and assessed the requirements in communication support for population policies and programmes for the 1990s. UNFPA also helped countries in other regions, such as the South Pacific and Central and Eastern Europe, to develop strategies and programming approaches to meet unmet needs for modern family planning methods and adolescent reproductive health care and to prevent STDs.

63. UNFPA distributed a Programme Advisory Note on Youth to UNFPA staff, government officials and national and international NGOs active in the area of youth. The note recommended that more attention should be paid to meeting young people's reproductive health needs and services and to facilitating their participation in population and development programmes. It further stressed the importance of developing comprehensive national strategies on youth, population and development. Such a strategy should combine carefully targeted IEC activities with strengthened reproductive health and family planning services for youth, and seek, inter alia, to improve the health, welfare and status of young women and to involve young men in responsible parenthood, including in family planning. Numerous countries highlighted the important role of youth in their population programmes, including Colombia, Honduras, Rwanda, Senegal and Uganda.

64. Innovative approaches to human sexuality received increasing attention during the year. For example, the Fund provided assistance to the Mexican Family Planning Federation to further develop and refine a sex education course. The course is composed of five sessions, each addressing a different, but closely interrelated, topic: communication within the family; puberty and reproduction; ethics of sexuality and youth; the prevention of STDs; and early pregnancy and the use of contraception. The course is designed to help youth define their personal values and prepare them to make decisions in these important areas.

65. Peer education and youth-to-youth counselling on adolescent reproductive health met with considerable success in several countries. For example, a youth-to-youth reproductive health and family planning information, education and counselling activity in Sierra Leone became self-sustaining during the year. Counselling sessions were held in confidence and in locations where youth did not feel threatened by the presence of adults. Participating youth leaders subsequently volunteered to distribute contraceptives to

sexually active youth in the community. They also sold contraceptives at reasonable prices, receiving supplies from the Planned Parenthood Association of Sierra Leone and clinics supported by Marie Stopes International.

66. UNFPA also supported peer counselling activities in Antigua and Barbuda, Egypt, Ghana, Kenya, Morocco, Tunisia, Thailand, Yemen and Zambia. In Yemen, youth-to-youth activities helped to provide health and family planning information to young girls who had married at a very early age, received little or no education, and often suffered ill-health because of early childbearing. Youth clubs in Egypt, Ghana, Kenya, Morocco, Tunisia and Zambia proved to be ideal settings to provide community-based education and family planning services to young people. Training was the key to the success of these activities, enabling club members to lead discussions and to stage plays conveying messages on family planning and responsible parenthood.

67. Evaluations of successful activities in sub-Saharan Africa and Latin America indicated that information and communication materials and approaches developed through a UNFPA-funded interregional project had created a more positive attitude among rural out-of-school youth towards family planning. UNFPA provided support to FAO to adapt these materials and approaches to similar activities in various countries in the Caribbean and in Brazil.

68. During the year, the Fund expanded its activities in the area of formal population education, providing assistance to some 60 new and ongoing activities in all regions of the world. As a result, UNFPA-supported activities helped to initiate or further institutionalize population education in the formal sector in a number of countries, including Benin, China, Morocco, Nepal, Nigeria, Syrian Arab Republic and Yemen. The very successful programmes in Nigeria and Morocco, which began in the early 1980s, took advantage of ongoing education reform to complete the integration of population concepts into the general curriculum and textbooks of primary and secondary schools. The content of population education also continued to expand, as the majority of developing countries widened the scope of population education to include such topics as responsible sexual behaviour, in particular as it relates to AIDS prevention and adolescent pregnancy; the role and status of women in society and in development; and the interrelationship between population, the environment and resources, among others.

69. Several countries tested new approaches to expand the training of classroom teachers. For example, in India and in Nigeria, UNFPA support helped to develop self-learning modules to test the feasibility of using such modules to speed up the training of large numbers of classroom teachers. This approach, which also seeks to reduce the costs involved in providing such training in formal settings, was implemented and closely monitored in several other countries as well. In India, Morocco and Nepal, for instance, supervisors monitored such activities during routine visits.

70. UNFPA conducted evaluations of the impact of formal population education activities in several countries, including Burundi, India, Morocco and Nepal. The results indicated that while a high percentage of students had gained knowledge and understanding of population issues, such increased knowledge and understanding had not always resulted in a marked change in attitude towards important population issues. The evaluators concluded that the teaching of population education in the classroom must be made more relevant to the daily concerns of each community.

71. UNFPA collaborated with the Governments of Egypt, Nigeria and Pakistan in formulating and implementing population education programmes aimed at workers and trade union leaders. The programmes, which seek to generate support for family planning services provided in the work setting, provided training for workers to serve as family planning motivators, encouraged industrial workers to discuss family planning and contraception with fellow workers, and solicited workers' opinions on how to improve the family planning services and counselling offered in the clinics at their work sites. The experiences gained from UNFPA-

supported projects indicated that workers were most receptive to family planning services and counselling when such services were incorporated in existing health services at their work sites and when non-clinical contraceptives were promoted.

72. Many UNFPA-assisted activities employed new and innovative approaches to IEC throughout the year. For example, UNFPA supported projects in a number of countries that were specially designed to teach parents to communicate better with their children. The primary aim of such parent education activities in Egypt, Ghana, Malawi, Mexico, United Republic of Tanzania and Viet Nam was to create a mutually supportive environment that would encourage parents and children to talk to one another about such sensitive issues as human sexuality, family planning and contraception. The training courses helped parents to clarify their own feelings towards these issues and to gain a better understanding of the difficult choices that young people faced today.

C. Data collection and analysis, population policy formulation, and research and training

73. UNFPA continued to help developing countries to generate population data and to improve national capacity to collect, analyse and disseminate population information on a timely basis. In sub-Saharan Africa, for example, the Fund designed a special social-research programme to help participating countries collect and analyse relevant data on such demographic indicators as fertility and mortality as well as on the performance of MCH/FP programmes and the impact of socio-cultural and economic variables on population dynamics. These data will be used to sensitize policy makers about how population and development interact with one another, determine the most appropriate policy interventions in a given situation, and strengthen national capabilities to collect and analyse data in support of such interventions. The programme was designed to be used in conjunction with, and draw upon the cumulative experiences of, such highly successful ongoing surveys as the Demographic and Health Survey and PAPCHILD.

74. Throughout the year, UNFPA met with specialists from census organizations in developed countries to keep abreast of new technologies and emerging issues in census design. One of the Fund's primary objectives was to ensure that it would be able to continue to provide quality technical assistance to the census activities it supports. UNFPA therefore helped with preparations for an expert consultative meeting on censuses and surveys, which will meet in 1993 to discuss ways to make future census activities more efficient, less costly and more accurate. The Fund also studied the relevance and applicability for population programmes of new techniques to make rapid assessments of social and economic developments.

75. UNFPA again provided assistance to develop computer software packages to support population activities. The three packages developed thus far have been extremely useful in data collection and analysis and in population and development planning. In particular, POPMAP, a software package that facilitates the display in map and database form of social, economic and demographic indicators and the location of service facilities and other institutions, is a potentially useful tool for linking population and related information to programming at the regional and local level.

76. UNFPA provided specialized training to some 75 middle-level professionals from 48 developing countries through the Global Programme of Training in Population and Development. It also helped the Institut de Formation et de Recherche Demographiques (IFORD) in Cameroon and the Regional Institute for Population Studies (RIPS) in Ghana to restructure their programmes to include training on population and development in order to help policy makers, planners and researchers respond to emerging needs brought about by political and administrative decentralization and by short-term structural adjustment programmes.

77. UNFPA also provided support for four multi-year studies on migration. One study, being executed by the International Organization for Migration (IOM), is analysing present and future emigration flows from developing to developed countries as well as between developing countries. Another study, being executed

by the Economic Commission for Europe (ECE), is collecting data and developing a database on migration in the European region. The third study, being executed by the United Nations, is compiling an authoritative compendium of national policies regarding international migration. The fourth study, being executed by the Centre for Applied Research on Population and Development (CERPOD), is analysing migration trends in the Sahel for use in policy formulation. As part of the preparations for the International Conference on Population and Development, UNFPA worked closely with the United Nations Population Division in organizing an expert group meeting on population and distribution and migration, scheduled to meet in Bolivia in January 1993.

78. In an effort to gain a better understanding of the extent to which population is or is not a factor in economic development, UNFPA organized a consultative meeting of economists in September. The participants issued a statement calling on economists to broaden the debate beyond the narrow focus on population and income per capita to examine the interrelationships between population variables and social and economic development, and in particular, the longer-term implications of rapid population growth on renewable resources and on social investment.

79. UNFPA supported and actively participated in a series of international meetings dealing with population ageing during 1992, the tenth anniversary of the United Nations World Assembly on Ageing and, correspondingly, of the International Plan of Action on Ageing. Two such meetings provided inputs for the 1994 International Conference on Population and Development: The Round Table on the Ageing of Asian Populations in Bangkok, Thailand, in May; and the International Conference on Population Ageing in San Diego, California, in September. The Round Table was organized by the Economic Commission of Asia and the Pacific (ESCAP) with UNFPA support. The International Conference was attended by some 350 experts from more than 30 countries. UNFPA was one of 30 international and national co-sponsors, along with WHO, the United Nations Office at Vienna, the United Nations Statistical Division and the United Nations Population Division.

80. UNFPA also helped organize and participated in the discussions on ageing at the Expert Group Meeting on Population Growth and Demographic Structure, which was held in Paris in November as part of the preparatory process for the ICPD. The meeting devoted one working session to social changes and the elderly in developing countries and another to social development and ageing in developed countries. UNFPA and the United Nations Economic Commission for Europe jointly published the 400-page study "Changing Population Age Structures, 1990-2015". The study contains more than 40 articles on the causes, economic and social consequences, and political implications of population ageing in Europe.

IV. TOPICS OF SPECIAL INTEREST

A. Policy and programme coordination

81. Coordination has a central place in the UNFPA mandate. One of the Fund's core aims and purposes, as set out in ECOSOC resolution 1763 (LIV) of May 1973, is to promote coordination and collaboration in population planning and programmes. Recognizing the importance of this for the effectiveness of technical cooperation and for population programmes in particular, UNFPA continued to place special emphasis on coordination in the population field during the year.

82. At the global level, UNFPA participated actively in the work of the ACC and its subsidiary committees. As the chair organization for the Joint Consultative Group on Policy (JCGP), the Fund devoted much attention to promoting various initiatives of the JCGP and its working groups on programme activities in sub-Saharan Africa, on harmonization of programming procedures and programme cycles, on common premises, on training, on women in development and on structural adjustment. Also as chair of the JCGP,

the UNFPA Executive Director promoted exchange between the JCGP and the review of the ACC and reported on JCGP activities to the substantive session of ECOSOC in June 1992.

83. Throughout the year, UNFPA continued to enhance coordination with a number of United Nations agencies and organizations, bilateral organizations and NGOs. As in the past, the Fund chaired and served as secretariat for WHO/UNICEF/UNFPA collaboration meetings. Through this forum, the three organizations developed joint policy statements on MCH/FP, as well as promoted cooperative programme activities at the country level. For example, the organizations issued and widely disseminated a joint statement on traditional birth attendants (TBAs), which underscores the resolve of the organizations to undertake joint efforts, each within its own mandate, at the country level in such areas as training, logistic support, and research.

84. To improve collaboration of population programme activities and to help ensure regular exchange of information, UNFPA entered into a number of new cooperative agreements during 1992. For example, the UNFPA Executive Director and the Executive Secretary of the Organization for African Unity (OAU) signed an agreement to promote the adoption and implementation of population policies among OAU member states. The Fund also concluded an agreement with the African Development Bank (ADB) to facilitate collaboration among African member countries to improve population and development planning and programming. UNFPA took steps to increase collaboration with the Commission of the European Communities (EC). In particular, the Fund designated its Coordinator for the Global Programme on Training in Population and Development, based in Brussels, as its Representative to the EC in order to facilitate collaboration. The Executive Director also instructed UNFPA field offices to meet regularly with field representatives of the EC to discuss potential areas for country-level collaborative activities. The first country-level agreement between UNFPA and the EC to emerge from such discussions was for EC participation in an MCH/FP project in the Syrian Arab Republic.

85. In 1992, through its global initiative on contraceptive requirements and logistics management needs in developing countries, UNFPA continued its coordination and collaboration with bilateral agencies, other United Nations organizations and NGOs. Four in-depth studies on contraceptive requirements and logistics management needs were completed in India, Nepal, Pakistan and Zimbabwe (see the section on family planning above). IPPF, ODA, The Population Council, PATH, The Rockefeller Foundation, SIDA, USAID, the World Bank and WHO/GPA were closely involved in the planning and implementation of the studies.

86. The global initiative is guided by a Consultative Group (made up of representatives of developing and developed countries, United Nations organizations and NGOs), which meets annually. In 1992, the annual meeting took place in May in Geneva (in conjunction with the Governing Council session). A smaller working group consisting of interested parties from the Consultative Group was formed in 1991 to steer the implementation of the global initiative. This group met twice in 1992 at UNFPA headquarters in New York.

87. Despite its limited staff resources, the Fund devoted considerable time and energy to participating in, cooperating fully with and promoting the various coordination initiatives of the United Nations system, as well as those of other organizations active in the population and development field, notably NGOs. In this spirit, UNFPA participated in the United Nations Joint Collaborative Mission to the Commonwealth of Independent States (CIS) and the Baltic States in February 1992. As an outcome of the donors' meetings on the Newly Independent States (NIS) held successively in Washington, D.C., Lisbon and Tokyo, a Inter-Agency Task Force on the NIS was established in April 1992 in which UNFPA participated as a member.

88. UNFPA continued to participate in the work of several other coordination groups, such as the IPPF International Programme Advisory Panel (IPAP) and its International Medical Advisory Panel (IMAP). During 1992, IPAP established a number of areas for priority attention. These included addressing unmet family planning needs in poor and hard-to-reach communities, improving the role and status of women in society and development, addressing the special needs of youth, improving sexual and reproductive health,

improving the quality of family planning services and establishing effective performance indicators. IMAP updated a number of IPPF statements, including those on steroidal oral contraception, injectable contraception, Norplant contraceptive implants and voluntary surgical contraception. IMAP also reviewed the final draft of IPPF's Medical and Service Delivery Guidelines, which IPPF subsequently distributed to all UNFPA field offices.

89. During the course of the year, the Fund sought to enhance coordination and collaboration with other agencies and organizations by actively participating in the preparations for several international conferences, most notably, those for UNCED. The ongoing preparatory process for the ICPD is similarly providing a vehicle for further enhancing cooperation in the population field and in helping to ensure close exchange and cooperation between partners in the population, environment, development and NGO communities.

90. In consonance with Governing Council decision 91/35, the Fund paid special attention to collaboration with the World Bank and the regional development banks. Document DP/1993/34, which is being submitted to the Council at this session, provides a detailed account of these efforts. As shown in the report, UNFPA and the banks consulted regularly with one another during the year at both the headquarters and country levels, and pursued a number of collaborative programme initiatives in all regions.

91. As to cooperation between UNFPA and UNICEF, both organizations, building upon the many successful collaborative activities highlighted in the special joint UNICEF/UNFPA report that was submitted to the Governing Council at its thirty-ninth session (document DP/1992/28), reinforced and expanded complementary programme activities. Evidence of this can be seen in the UNFPA country programmes being submitted to the fortieth session of the Council, both in terms of greater synchronization of programme cycles and more prevalent and more substantive programme coordination. For example, in Sierra Leone, UNFPA will continue to utilize the service network of UNICEF's Expanded Programme of Immunization (EPI) as a channel to deliver family planning services to rural communities. In Nepal, UNFPA and UNICEF are collaborating on advocacy to raise the age at marriage and to delay first pregnancies. UNFPA will also make use of the network of the UNICEF-funded EPI programme to distribute contraceptives. In Belize, UNFPA and UNICEF activities complement each other in promoting reproductive health and in preventing adolescent pregnancy. In the area of data collection, UNFPA and UNICEF will assist the Government of the Central African Republic in conducting a demographic and health survey, and in the Arab States, the two organizations will join several other collaborating agencies in supporting PAPCHILD, an intercountry socio-economic, demographic and health survey.

92. UNFPA and UNICEF also continued to collaborate on regional-level activities during the year. In the Latin America region, for example, UNFPA and UNICEF collaborated with several other organizations (Pan American Health Organization (PAHO), USAID, the World Bank and the International Development Bank) on the follow-up to the World Summit for Children and in the Central American Summit on Human Development, Children and Youth. UNICEF also contributed generously towards the preparations of the ICPD by seconding an official and providing support for positions within the Conference Secretariat.

93. Finally, UNFPA has sought, through its continuing revision and streamlining of programming procedures and policies, to ensure that coordination with all partners will be further facilitated. In this spirit, a major focus on the Fund's PRSD exercises is to promote a more coordinated approach for population programmes and policies. In the PRSD process, care is taken to consult and involve all agencies and organizations in the population field. Likewise, UNFPA's new technical support services (TSS) arrangement is specifically modelled in such a way as to promote coordination between different sectors and agencies. The leaders of the UNFPA country support teams, the principal TSS mechanism to provide technical assistance, are giving special attention to coordination in general, and in particular to coordination with organizations with which the Governing Council has requested UNFPA to expand its collaboration (e.g., UNICEF, the World

Bank, the regional banks and NGOs). The Inter-Agency Task Force, which guides the work of the TSS, has been set up in such a manner as to give maximum support to cooperation and coordination.

B. Procurement of equipment and supplies

94. In 1992, UNFPA's total procurement amounted to $59.4 million, an increase of approximately 90 per cent over the 1991 figure of $31.1 million. The procurements undertaken fall into the following categories: headquarters procurements in support of the administrative function ($2,156,518); local procurements undertaken by UNFPA field offices ($898,008); field procurements undertaken by headquarters against UNFPA-funded projects for equipment and supplies for field offices ($22,492,273); and agency procurements, undertaken by headquarters on behalf of Governments for externally funded projects ($33,891,909).

95. In addition to handling fees generated by undertaking such procurements, the considerable increase in volume enabled the Fund to secure highly preferential prices and, in turn, to make the most cost-effective use of donor funds.

96. During 1992, approximately 81 per cent by value of all procurements were for contraceptives, with an additional 5 per cent spent for raw materials used for contraceptive manufacture. A breakdown by commodity category is provided below for 1992 and 1991. The increase in the value of procurements over the preceding year is attributable to requests for the Fund to procure contraceptive supplies for a substantial number of specialized externally funded projects. These amounted to $33.9 million and accounted for 57 per cent by value of all procurements undertaken in 1992.

Commodity breakdown	US $ '000's	
	1992	1991
Oral contraceptive pills	31,633	12,912
Contraceptive injectables	9,986	4,751
Contraceptive IUDs	3,817	885
Contraceptive implants	363	477
Condoms	2,106	1,873
Spermicides	436	423
Raw materials (for contraceptives)	2,720	--
Medical equipment	2,571	3,078
EDP and audio-visual equipment	1,099	2,085
Vehicles	1,534	1,870
Office supplies, printing, etc.	3,174	2,732
TOTAL	59,439	31,086

97. In accordance with the recommendations of the Governing Council, UNFPA continued to strive to increase procurement of equipment and supplies from developing countries, more than doubling such procurement during 1992 ($7 million as compared to $3 million in 1991). Moreover, procurement from Canada, the Netherlands, and the Nordic countries amounted to $2.1 million compared to approximately $2.3 million in 1991.

C. International Conference on Population and Development

98. As 1992 drew to a close, the General Assembly adopted resolution 47/176 on the International Conference on Population and Development, capping a year of extensive preparations for the conference. The Assembly endorsed the objectives of the conference as decided by ECOSOC in resolution 1991/93 and recognized the importance of regional conferences in ICPD preparations. It also endorsed ECOSOC resolution 1992/37, in which the Council decided to convene the ICPD at Cairo, Egypt, from 5 to 13 September 1994. The Assembly emphasized the need to increase awareness of population issues and to treat

such issues as an integral part of sustained economic growth and sustainable development. It called on all organs, organizations and programmes of the United Nations system to contribute fully to the preparations of the conference, invited all states to take an active part in conference preparations and recognized the importance of having NGOs participate in both the conference and its preparatory process.

99. Five expert group meetings were held during the year. The first met in New York in January to discuss the complex interrelationships between population, the environment and resources and how they affect economic development. The second met in Cairo in April to compare and analyse experiences in formulating and implementing population policies and programmes. The third met in Gabarone, Botswana, to examine the role and status of women in population and development. The fourth and fifth meetings convened in the fall -- one in October in Bangalore, India, to look into linkages between family planning, health and family well-being; the other in November in Paris, France, to examine population growth, demographic structure and socio-economic development.

100. Two regional ministerial-level conferences met during the year -- the Third African Population Conference on "Population, Family and Sustainable Development", in Dakar, Senegal, in December; and the Fourth Asia and Pacific Population Conference, in Bali, Indonesia, in August.

101. The Dakar Declaration proclaimed the solidarity of African countries to deal with population problems and to formulate and implement comprehensive population policies. However, it noted the relative ineffectiveness of past efforts to reduce fertility and mortality and appealed to donors to respond positively and increasingly to requests for population assistance. The declaration called on African Governments to work to reduce population growth in the region as a whole from 3.0 per cent in 1992 to 2.5 per cent by the year 2000 and 2 per cent by the year 2010, as well as to increase the contraceptive prevalence rate during the same period, from 10 per cent to 20 per cent by the year 2000 and to 40 per cent by 2010. The declaration also acknowledged the need, inter alia, to integrate population policies and programmes and family concerns into development strategies and plans; to adopt national policies and implement legal measures to improve the role, status and participation of women; to expand and deepen the role of NGOs; and to establish and strengthen programmes to combat the spread of AIDS.

102. In conjunction with the Dakar conference, UNFPA organized a meeting of 19 African NGOs from 14 countries to explore the possibilities of expanding the use of NGOs in population activities in the region. Many of the recommendations that emerged from the discussions found expression in the Dakar Declaration, which stressed that NGOs should be strengthened and considered full partners by Governments in the implementation of population programmes and in contributing to the formulation of related policies.

103. His Excellency, President Soeharto, inaugurated the Bali conference, which was organized jointly by the Economic and Social Commission for Asia and the Pacific (ESCAP) and UNFPA. The conference adopted the Bali Declaration on Population and Sustainable Development, which called on countries in the region to make a firm political and financial commitment to incorporate population and environmental concerns fully into all national efforts to achieve sustainable development. The declaration urged those countries with rapid population growth to reduce their fertility rates to 2.2 children per woman by 2010. It further called on countries to reduce infant mortality to 40 per 1,000 live births during the same period and to cut maternal mortality by at least half in countries with high rates. The declaration further urged that family planning be integrated with health, education and welfare services, that women to be given equal opportunity in all matters and that Governments draw up long-term strategies to deal with ageing populations.

D. Promotion of awareness and exchange of information

104. On 11 July 1992, millions of people in more than 90 countries celebrated the third annual World Population Day. The Day was marked by special events of all kinds, including presidential addresses, sporting

competitions, parades, poetry contests, radio and television programmes, exhibitions, seminars and workshops, and news conferences and other special media events. UNFPA produced a video "Towards a World in Balance", based on the 1992 State of World Population report, and distributed it to countries around the world. Many countries broadcast the video on national television, either by itself or as part of local television programmes highlighting regional or national population issues. The Fund also produced a special poster for the day as well as a brochure. United Nations Radio produced a 14-minute programme entitled "Population: An Issue of Many Dimensions", which featured interviews with population experts. The programme was sent to over 400 stations around the world for airing on World Population Day. United Nations Television also produced a special programme on population for airing on CNN's World Report.

105. Publications. In June, UNFPA launched a new monthly magazine combining the strengths of UNFPA's quarterly journal, POPULI, and its monthly newsletter, Population. The magazine, which retains the name POPULI, appears in English, French, and Spanish, and presents news and views on developments in the population field and on UNFPA's programme. The decision to make use of state-of-the art publishing technology to publish a new periodical to meet existing and emerging information needs of readers and of UNFPA appears to have born fruit: Journalists and population and related institutions report using the magazine in various ways, usually by directly reproducing articles. UNFPA also had to expand circulation in each language at the end of the year to keep up with demand from individual and institutional subscribers in developing and developed countries. By year's end, special supplements had begun to appear in the magazine, and work was begun on expanding coverage of the preparations for the 1994 ICPD. UNFPA also published its annual Inventory of Population Projects in Developing Countries Around the World 1990/91 and updated its Population Issues: Briefing Kit 1992

106. The 1992 State of World Population report, entitled "A World in Balance", called for immediate and determined action to balance population, consumption and development patterns as a prerequisite to end absolute poverty, provide for human needs and yet protect the environment. The report emphasized that sustainable development meant cutting the environmental cost of development and a ensuring a fairer distribution of its benefits -- both within and between countries.

107. The report was introduced at media seminars in Brussels and launched by the Executive Director in London and by UNFPA senior officials in media centres throughout the world. The report was received with acclaim by the media, parliamentarians, policy makers and the public, and was noted with satisfaction by the Governing Council in decision 92/32. The Council also took note of the report's recommendation that a strategy of human-centred development should be at the core of policies leading to sustainable, balanced development and that population, as an essential component of that strategy, should be integrated into research, policy and programmes at every level.

108. Media relations. UNFPA undertook a number of media relations activities. The Fund provided informational support and on-camera analysis for a 20-part CNN series entitled "The Population Bomb", which was broadcast throughout the world on CNN's international telecasting system. UNFPA organized a media seminar during UNCED to introduce journalists to the complex interrelationship between population and the environment. The seminar helped the journalists in their coverage of both the conference itself and the NGO forum that took place at the same time. The Fund also conducted international media seminars prior to the Asian and African regional population conferences, held in Bali, Indonesia, and in Dakar, Senegal, respectively. At each of these two-and-one-half-day seminars, leaders and specialists in the population field gave a select group of journalists, editors and broadcasters detailed presentations on the main population problems and issues in the region. The high-quality of participants' coverage of population issues during the regional conferences attested to the value of the seminars.

109. International poster contest. Some 40,000 young people age 6 to 18 took part in UNFPA's first international poster contest on population and the environment. Twelve winners in four age categories were

selected by an international jury from among 134 finalists from 36 countries. The winners received certificates and art supplies and had their posters displayed in an exhibit at United Nations headquarters. Their works were also reproduced as greeting cards. To make it to the final round, entrants first had to win in their category in national competitions. The poster contest will be an annual event and address a different theme each year.

110. United Nations Population Award. Indian industrialist J.R.D. Tata, who established one of India's first factory-based family planning and welfare programmes, and The Population Council, developer of such contraceptives as the Norplant subdermal implant, shared the 1992 United Nations Population Award, which was presented at a ceremony at United Nations headquarters in September. The laureates were chosen by a committee of representatives from 10 United Nations Member States (Burundi, Belarus, Cameroon, Ecuador, El Salvador, India, Japan, Mexico, Netherlands and Rwanda). Each laureate received a diploma, a gold medal and a monetary prize.

111. Rafael M. Salas Memorial Lecture. Renowned marine explorer and environmentalist Jacques-Yves Cousteau delivered the fourth annual Rafael M. Salas Memorial Lecture at United Nations headquarters on 30 September. Mr. Cousteau, in a passionate lecture entitled "The Greatest Adventure of All Time", criticized world leaders for their apathy in dealing with population growth. "How has it been that such an unrelenting threat had never motivated any reactions, any serous decision, any consternation among leaders, the intellectuals, the diplomats, the philosophers," he asked. "What is at stake", he said, "is literally to save the human species, and accept the need to take drastic, unconventional, unpopular decisions".

E. UNFPA follow-up to UNCED

112. The United Nations Conference on Environment and Development (UNCED) marked a breakthrough in the discussion of population and environment issues. At the first environment conference some 20 years ago, population was not even on the agenda. As late as 18 months before the meeting itself, it was not on the agenda for UNCED. Yet, in the first days of the meeting, a succession of world leaders, heads of agencies and eminent individuals stated their belief that population was one of the key issues in the fight for sustainable development. As Norwegian Prime Minister Gro Harlem Bruntland noted at the opening session, "poverty, environment and population can no longer be dealt with -- or even thought of -- as separate issues". This conviction was reflected in Agenda 21, the blueprint for action adopted by the Conference.

113. UNFPA responded to the UNCED process in three ways. First, the Fund actively participated in the process itself. It seconded a staff member to the UNCED Secretariat from January 1991 to July 1992 and participated in and contributed to the various UNCED preparatory committees and expert groups. The Fund also produced and distributed publications dealing with various aspects of the interrelationship between population and the environment. Second, following the conference, UNFPA began examining its activities to see how well they fit with the intentions and prescriptions of Agenda 21 and, correspondingly, what could be done to adapt those that did not. Third, the Fund continued to build upon UNCED's achievements in the population field in its preparations for the 1994 International Conference on Population and Development.

114. As part of its follow-up to UNCED, UNFPA identified those chapters and programme areas of Agenda 21 that had programmatic, institutional and/or financial implications for UNFPA, concentrating on those that were at or near the core of the Fund's concerns and mandate. The chapters most immediately relevant to UNFPA addressed such issues as combatting poverty (chapter 3); demographic dynamics and sustainability (chapter 5); global action for women towards sustainable and equitable development (chapter 24); children and youth in sustainable development (chapter 25); financial resources and mechanisms (chapter 33) and international institutional arrangements (chapter 38). The Fund also identified a number of programme areas in other chapters that were relevant to the work of UNFPA.

115. In terms of its programme, UNFPA began to develop guidelines to help countries integrate environmental goals and considerations into their population policies and programmes. Moreover, the Fund gained valuable knowledge about the interaction between population and environmental factors from a pilot study it supported on the island of Mauritius. The study, which was completed during the year, succeeded in designing a methodology to help analyse the interrelationship between population, development and the environment and in creating awareness about the underlying mechanisms at work in this complex interrelationship. UNFPA also formulated a multi-year major research project to study the relationship between population pressures, poverty and environmentally endangered areas. The project will consist of a number of studies and will begin to be implemented in 1993.

116. During the year, UNFPA kept abreast of the structural changes that took place within the United Nations system as a result of the UNCED process. The Fund also took steps to enhance coordination and cooperation with other United Nations agencies and organizations so as to enable it to more effectively carry out the new responsibilities created by Agenda 21.

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